| Application or Docket Number |
|------------------------------|
|                              |

| Effective October 1, 2000  |  |  |                 |                               |                              |                  | טחי                   |                |           | 099                    | 60  | 78 Z                                    |                        |
|--|--|--|-----------------|-------------------------------|------------------------------|------------------|-----------------------|----------------|-----------|------------------------|-----|---|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                 |                               |                              |                  | SMALL ENTITY OTHER TH |                |           |                        |     |   |                        |
| TOTAL CLAIMS   |  |  | 0               |                               | }                            |                  |                       | RATE           |           | FEE                    |     | RATE                                    | FEE                    |
| FOR  |  |  | NUMBER FILED    |                               | NUMBER EXTRA                 |                  |                       | BASIC          | FEE       | 355.00                 | OR  | BASIC FEE                               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | 9 - minus 20=   |                               | •                            |                  |                       | X\$ 9=         |           |                        | OR  | X\$18=                                  |                        |
| INDEPENDENT CLAIMS   |  |  | / mir           | minus 3 =                     |                              | •                |                       | X40=           |           |                        | OR  | X80=                                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                 |                               |                              |                  |                       | +135           | =         |                        | OR  | +270=                                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                 |                               |                              |                  |                       | TOTA           | ۱L        |                        | OR  | TOTAL                                   | 710                    |
| CLAIMS AS AMENDED - PART II  |  |  |                 |                               |                              |                  |                       |                |           |                        |     | OTHER                                   | 1.0                    |
|  |  | (Column 1)   |                 |                               | ımn 2) (Column 3)            |                  | SMAI                  |                | LL ENTITY |                        | OR  | SMALL                                   |                        |
| ENT X  | $ \mathcal{B} $  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |                       | RATI           | E         | ADDI-<br>TIONAL<br>FEE |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . 18   | Minus           | Z                             | 0                            | =-               |                       | X\$ 9          | •         |                        | OF. | X\$18=                                  |                        |
| AMEI   | Independent  | TATION OF MI   | Minus           | *** (                         | <u>3</u>                     | =                |                       | X40=           | =         | )                      | OR  | X80 <u>=</u>                            |                        |
|  | FIRST PRESE  | NTATION OF MIC   | DETIPLE DEP     | ENDEN                         | CLAIM                        |                  | j                     | +135           | =         | ,                      | OR  | +270=                                   | <u></u>                |
|  |  |  |                 |                               |                              |                  | į                     | TO<br>ADDIT. F |           |                        | OR  | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | (Column 1)   |                 | (Colu                         | mn 2) _                      | (Column 3)       |                       | ADDI1. 1       |           |                        |     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                 |                               | IBER<br>OUSLY                | PRESENT<br>EXTRA |                       | RATI           | E         | ADDI-<br>TIONAL<br>FEE |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| IENDMENT   | Total  | *  | Minus           | **                            |                              | =                |                       | X\$ 9          | =         |                        | OR  | X\$18=                                  |                        |
| AME  | Independent  | *  | Minus           | ***                           |                              | =                |                       | X40:           | =         |                        | OR  | X80=                                    |                        |
|  | FIRST PRESE  | NTATION OF MI  | JLTIPLE DEF     | ENDEN                         | CLAIM                        |                  | j                     | +135           | =         |                        | OR  | +270=                                   |                        |
|  |  |  |                 |                               |                              |                  |                       | TO<br>ADDIT. F |           |                        | OR  | TOTAL<br>ADDIT. FEE                     |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |                 |                               |                              |                  |                       | ADDIT. F       | CE        |                        |     | ADDIT. FEL                              |                        |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT   | 90              | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                       | RATI           | E         | ADDI-<br>TIONAL<br>FEE |     | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •  | Minus           | **                            |                              | =                |                       | X\$ 9          | =         |                        | OR  | X\$18=                                  |                        |
|  | Independent  | *  | Minus           | ***                           |                              | =                |                       | X40:           |           |                        |     | X80=                                    |                        |
| $\mathbb{L}$   | FIRST PRESE  | NTATION OF M   | ULTIPLE DEI     | PENDEN                        | T CLAIM                      |                  |                       |                |           |                        | OR  |   |                        |
|  | Market and the state of the sta | المحمد من المحمد | ha antorio sch  | ımp Gii                       | to "O" i= ==                 | olumo 2          |                       | +135           |           |                        | OR  | +270=                                   |                        |
| 1  | If the "Highest Nu   | mn 1 is less than t<br>mber Previously P   | aid For" IN THI | S SPACE                       | is less that                 | an 20, enter "20 | )."                   | TO<br>ADDIT. F |           |                        | OR  | TOTAL<br>ADDIT. FEE                     |                        |
| Ι ¨  | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |                 |                               |                              |                  |                       |                |           |                        |     |   |                        |